

REFERENCE TITLE: infertility treatment; health insurance coverage

State of Arizona  
House of Representatives  
Forty-eighth Legislature  
First Regular Session  
2007

## HB 2229

Introduced by  
Representative McClure, Senator Bee

### AN ACT

AMENDING TITLE 20, CHAPTER 4, ARTICLE 3, ARIZONA REVISED STATUTES, BY ADDING SECTION 20-826.04; AMENDING TITLE 20, CHAPTER 4, ARTICLE 9, ARIZONA REVISED STATUTES, BY ADDING SECTION 20-1057.11; AMENDING TITLE 20, CHAPTER 6, ARTICLE 4, ARIZONA REVISED STATUTES, BY ADDING SECTION 20-1342.06; AMENDING TITLE 20, CHAPTER 6, ARTICLE 5, ARIZONA REVISED STATUTES, BY ADDING SECTIONS 20-1402.03 AND 20-1404.03; AMENDING TITLE 20, CHAPTER 13, ARTICLE 1, ARIZONA REVISED STATUTES, BY ADDING SECTION 20-2333; RELATING TO INFERTILITY TREATMENT INSURANCE COVERAGE.

(TEXT OF BILL BEGINS ON NEXT PAGE)

1 Be it enacted by the Legislature of the State of Arizona:

2 Section 1. Title 20, chapter 4, article 3, Arizona Revised Statutes,  
3 is amended by adding section 20-826.04, to read:

4 20-826.04. Infertility diagnosis and treatment: coverage:  
5 requirements: limitations: exclusions: definition

6 A. ANY CONTRACT THAT IS OFFERED BY A HOSPITAL SERVICE CORPORATION OR  
7 MEDICAL SERVICE CORPORATION SHALL PROVIDE COVERAGE FOR THE MEDICALLY  
8 NECESSARY EXPENSES OF THE DIAGNOSIS AND TREATMENT OF INFERTILITY, SUBJECT TO  
9 THE REQUIREMENTS AND LIMITATIONS PRESCRIBED IN SUBSECTIONS B AND C OF THIS  
10 SECTION.

11 B. SUBSECTION A OF THIS SECTION APPLIES IF:

12 1. THE PATIENT IS THE SUBSCRIBER OR A COVERED DEPENDENT OF THE  
13 SUBSCRIBER.

14 2. THE PATIENT'S OOCYTES ARE FERTILIZED WITH THE PATIENT'S SPOUSE'S  
15 SPERM.

16 3. THE PATIENT HAS BEEN UNABLE TO ATTAIN A SUCCESSFUL PREGNANCY  
17 THROUGH A LESS COSTLY INFERTILITY TREATMENT FOR WHICH COVERAGE IS AVAILABLE  
18 UNDER THE CONTRACT.

19 C. THE CONTRACT MAY:

20 1. LIMIT THE COVERAGE TO A SUBSCRIBER UNTIL THE DATE OF THE  
21 SUBSCRIBER'S FORTIETH BIRTHDAY.

22 2. LIMIT THE COVERAGE FOR OVULATION INDUCTION TO A LIFETIME MAXIMUM  
23 BENEFIT OF FOUR CYCLES.

24 3. IMPOSE A COPAYMENT ON THE SUBSCRIBER NOT TO EXCEED TWENTY PER CENT.

25 4. LIMIT THE COVERAGE TO A SUBSCRIBER WHO HAS MAINTAINED COVERAGE  
26 UNDER THE CONTRACT FOR AT LEAST TWELVE MONTHS.

27 5. LIMIT THE COVERAGE OF THE BENEFITS REQUIRED UNDER THIS SECTION TO A  
28 MAXIMUM LIFETIME BENEFIT OF ONE HUNDRED THOUSAND DOLLARS.

29 6. EXCLUDE INFERTILITY TREATMENTS THAT ARE EXPERIMENTAL OR  
30 INVESTIGATIONAL.

31 7. EXCLUDE COVERAGE FOR THE NONMEDICAL COST OF OOCYTE OR SPERM DONORS.

32 D. THIS SECTION DOES NOT APPLY TO:

33 1. AN EMPLOYER WHO IS SELF-INSURED.

34 2. AN EMPLOYER WHO HAS TWENTY-FIVE OR FEWER EMPLOYEES.

35 3. A RELIGIOUS ORGANIZATION WHOSE BONA FIDE RELIGIOUS BELIEFS AND  
36 PRACTICES CONFLICT WITH THE REQUIREMENTS OF THIS SECTION.

37 E. THIS SECTION DOES NOT APPLY TO LIMITED BENEFIT COVERAGE AS DEFINED  
38 IN SECTION 20-1137.

39 F. FOR THE PURPOSES OF THIS SECTION, "INFERTILITY":

40 1. MEANS THE CONDITION OF A PRESUMABLY HEALTHY INDIVIDUAL WHO IS  
41 UNABLE TO CONCEIVE OR PRODUCE CONCEPTION OR SUSTAIN A SUCCESSFUL PREGNANCY  
42 DURING A ONE-YEAR PERIOD.

43 2. DOES NOT APPLY TO A PERSON WHO HAS BEEN VOLUNTARILY STERILIZED  
44 REGARDLESS OF WHETHER THE PERSON HAS ATTEMPTED TO REVERSE THE STERILIZATION.







1 DIAGNOSIS AND TREATMENT OF INFERTILITY, SUBJECT TO THE REQUIREMENTS AND  
2 LIMITATIONS PRESCRIBED IN SUBSECTIONS B AND C OF THIS SECTION.  
3 B. SUBSECTION A OF THIS SECTION APPLIES IF:  
4 1. THE PATIENT IS THE INSURED OR A COVERED DEPENDENT OF THE INSURED.  
5 2. THE PATIENT'S OOCYTES ARE FERTILIZED WITH THE PATIENT'S SPOUSE'S  
6 SPERM.  
7 3. THE PATIENT HAS BEEN UNABLE TO ATTAIN A SUCCESSFUL PREGNANCY  
8 THROUGH A LESS COSTLY INFERTILITY TREATMENT FOR WHICH COVERAGE IS AVAILABLE  
9 UNDER THE POLICY OR CONTRACT.  
10 C. THE POLICY OR CONTRACT MAY:  
11 1. LIMIT THE COVERAGE TO AN INSURED UNTIL THE DATE OF THE INSURED'S  
12 FORTIETH BIRTHDAY.  
13 2. LIMIT THE COVERAGE FOR OVULATION INDUCTION TO A LIFETIME MAXIMUM  
14 BENEFIT OF FOUR CYCLES.  
15 3. IMPOSE A COPAYMENT ON THE INSURED NOT TO EXCEED TWENTY PER CENT.  
16 4. LIMIT THE COVERAGE TO AN INSURED WHO HAS MAINTAINED COVERAGE UNDER  
17 THE POLICY OR CONTRACT FOR AT LEAST TWELVE MONTHS.  
18 5. LIMIT THE COVERAGE OF THE BENEFITS REQUIRED UNDER THIS SECTION TO A  
19 MAXIMUM LIFETIME BENEFIT OF ONE HUNDRED THOUSAND DOLLARS.  
20 6. EXCLUDE INFERTILITY TREATMENTS THAT ARE EXPERIMENTAL OR  
21 INVESTIGATIONAL.  
22 7. EXCLUDE COVERAGE FOR THE NONMEDICAL COST OF OOCYTE OR SPERM DONORS.  
23 D. THIS SECTION DOES NOT APPLY TO:  
24 1. AN EMPLOYER WHO IS SELF-INSURED.  
25 2. AN EMPLOYER WHO HAS TWENTY-FIVE OR FEWER EMPLOYEES.  
26 3. A RELIGIOUS ORGANIZATION WHOSE BONA FIDE RELIGIOUS BELIEFS AND  
27 PRACTICES CONFLICT WITH THE REQUIREMENTS OF THIS SECTION.  
28 E. THIS SECTION DOES NOT APPLY TO LIMITED BENEFIT COVERAGE AS DEFINED  
29 IN SECTION 20-1137.  
30 F. FOR THE PURPOSES OF THIS SECTION, "INFERTILITY":  
31 1. MEANS THE CONDITION OF A PRESUMABLY HEALTHY INDIVIDUAL WHO IS  
32 UNABLE TO CONCEIVE OR PRODUCE CONCEPTION OR SUSTAIN A SUCCESSFUL PREGNANCY  
33 DURING A ONE-YEAR PERIOD.  
34 2. DOES NOT APPLY TO A PERSON WHO HAS BEEN VOLUNTARILY STERILIZED  
35 REGARDLESS OF WHETHER THE PERSON HAS ATTEMPTED TO REVERSE THE STERILIZATION.  
36 Sec. 5. Title 20, chapter 13, article 1, Arizona Revised Statutes, is  
37 amended by adding section 20-2333, to read:  
38 20-2333. Infertility diagnosis and treatment; coverage;  
39 requirements; limitations; exclusions; definition  
40 A. ANY HEALTH BENEFIT PLAN THAT IS OFFERED BY AN ACCOUNTABLE HEALTH  
41 PLAN SHALL PROVIDE COVERAGE FOR THE MEDICALLY NECESSARY EXPENSES OF THE  
42 DIAGNOSIS AND TREATMENT OF INFERTILITY, SUBJECT TO THE REQUIREMENTS AND  
43 LIMITATIONS PRESCRIBED IN SUBSECTIONS B AND C OF THIS SECTION.

- 1           B. SUBSECTION A OF THIS SECTION APPLIES IF:
- 2           1. THE PATIENT IS THE INSURED OR A COVERED DEPENDENT OF THE INSURED.
- 3           2. THE PATIENT'S OOCYTES ARE FERTILIZED WITH THE PATIENT'S SPOUSE'S
- 4 SPERM.
- 5           3. THE PATIENT HAS BEEN UNABLE TO ATTAIN A SUCCESSFUL PREGNANCY
- 6 THROUGH A LESS COSTLY INFERTILITY TREATMENT FOR WHICH COVERAGE IS AVAILABLE
- 7 UNDER THE HEALTH BENEFIT PLAN.
- 8           C. THE HEALTH BENEFIT PLAN MAY:
- 9           1. LIMIT THE COVERAGE TO AN INSURED UNTIL THE DATE OF THE INSURED'S
- 10 FORTIETH BIRTHDAY.
- 11           2. LIMIT THE COVERAGE FOR OVULATION INDUCTION TO A LIFETIME MAXIMUM
- 12 BENEFIT OF FOUR CYCLES.
- 13           3. IMPOSE A COPAYMENT ON THE INSURED NOT TO EXCEED TWENTY PER CENT.
- 14           4. LIMIT THE COVERAGE TO AN INSURED WHO HAS MAINTAINED COVERAGE UNDER
- 15 THE PLAN FOR AT LEAST TWELVE MONTHS.
- 16           5. LIMIT THE COVERAGE OF THE BENEFITS REQUIRED UNDER THIS SECTION TO A
- 17 MAXIMUM LIFETIME BENEFIT OF ONE HUNDRED THOUSAND DOLLARS.
- 18           6. EXCLUDE INFERTILITY TREATMENTS THAT ARE EXPERIMENTAL OR
- 19 INVESTIGATIONAL.
- 20           7. EXCLUDE COVERAGE FOR THE NONMEDICAL COST OF OOCYTE OR SPERM DONORS.
- 21           D. THIS SECTION DOES NOT APPLY TO:
- 22           1. AN EMPLOYER WHO IS SELF-INSURED.
- 23           2. AN EMPLOYER WHO HAS TWENTY-FIVE OR FEWER EMPLOYEES.
- 24           3. A RELIGIOUS ORGANIZATION WHOSE BONA FIDE RELIGIOUS BELIEFS AND
- 25 PRACTICES CONFLICT WITH THE REQUIREMENTS OF THIS SECTION.
- 26           E. THIS SECTION DOES NOT APPLY TO LIMITED BENEFIT COVERAGE AS DEFINED
- 27 IN SECTION 20-1137.
- 28           F. FOR THE PURPOSES OF THIS SECTION, "INFERTILITY":
- 29           1. MEANS THE CONDITION OF A PRESUMABLY HEALTHY INDIVIDUAL WHO IS
- 30 UNABLE TO CONCEIVE OR PRODUCE CONCEPTION OR SUSTAIN A SUCCESSFUL PREGNANCY
- 31 DURING A ONE-YEAR PERIOD.
- 32           2. DOES NOT APPLY TO A PERSON WHO HAS BEEN VOLUNTARILY STERILIZED
- 33 REGARDLESS OF WHETHER THE PERSON HAS ATTEMPTED TO REVERSE THE STERILIZATION.
- 34           Sec. 6. Applicability
- 35           This act applies to contracts, policies, plans and evidences of
- 36 coverage issued or renewed from and after December 31, 2007.